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ABSTRACT

This document provides a summary of "AIDS in the Workplace for Court Managers," a 3-hour seminar that was presented to the District of Oregon. The document begins with a summary of the seminar goals and objectives, which included the following: reduce fears and anxieties about HIV/AIDS in the workplace; provide information about the fundamentals of HIV/AIDS; explore the legal and ethical aspects of HIV/AIDS and provide a forum for discussion; discuss the issue of confidentiality regarding employees' HIV status; identify actions that could constitute discrimination based on the Americans with Disabilities Act; and identify state and federal laws regarding HIV/AIDS. Presented next are questions summarizing the seminar's content regarding basic medical facts and work-related issues. Concluding the document are reproductions of the 55 Power Point slides presented during the seminar. Among the topics covered in the individual slides are the following: interpersonal barriers in the workplace; strategies for overcoming barriers; global statistics on HIV/AIDS; historical trends in AIDS incidence; HIV/AIDS among various minority groups; symptoms and causes of AIDS and HIV; exposure versus infection; sexually transmitted diseases; managers' responses to employees' HIV disclosure; HIV testing; Oregon revised statutes; and precautions to prevent discrimination. (MN)

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AIDS in the Workplace:

A Training for Managers and Supervisors

District of Oregon

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Title: AIDS in the Workplace: A Training for Managers and Supervisors. District of Oregon.

Author: Tyree, Jimmy L.

Publication date: 2000

Abstract: This publication provides a summary of the "AIDS In The Workplace For Court Managers" seminar presented to the District of Oregon. Contents includes a power point presentation which examines: 1)HIV/AIDS medical facts; 2) Court Manager's responsibilities; 3) Employee confidentiality and disclosure; and HIV/AIDS legal issues (the Americans with Disability Act).

Descriptors: Acquired Immune Deficiency Syndrome: Adult Education; Adult Education; Confidential Records: Confidentiality; Disease Control; Federal Legislation; Laws; Physical Health, U S. District Court Employees, Social Discrimination

About the Trainer

Jimmy L. Tyree is a United States Probation Officer for the Northern District of Ohio. He received both his Masters of Public Administration and Bachelor of Arts degree in Communications from Cleveland State University, Cleveland, Ohio.

He received his training in infectious diseases (Sexually Transmitted Diseases (STDs) and HIV/AIDS)) at the Centers for Disease Control and Prevention (CDC), Atlanta, Georgia (1984 to 1989). Since leaving CDC, he has consulted in both the private and public sectors and presented numerous workshops/seminars on HIV/AIDS issues in the workplace. Additionally, he has authored several publications: *HIV & AIDS in Probation in Parole: can I be at risk (1995); An Educational Training Manual (HIV/AIDS) for U.S. Probation Officers (1995), HIV & AIDS in the Workplace (Northern District of Ohio Court family) 1995, HIV/AIDS: Questions and Answers (2000) and HIV & STD's (2000).*

Note from the Trainer

This training is not intended to be academic in nature, nor a complete presentation on all the legal aspects of HIV/AIDS. Instead, it is a forum that promotes discussion about the ethical and political facets of this disease in the workplace. This training will present a unique perspective about HIV/AIDS and encourage participants to learn more about the human dynamics of the disease.

The material contained herein represents the opinions of the trainer and should not be construed to be actions of the Administrative Office or the Northern District of Ohio or any other entity.

Nothing contained in this packet is to be construed as rendering legal advice for specific cases and participants are responsible for obtaining such advice for legal counsel.

AIDS in the Workplace

Audience: Managers & Supervisors

This workshop will provide a basic overview of HIV & AIDS in the workplace. The first half of the workshop will address AIDS basic medical facts. The second half will focus on both the legal and ethical aspects managers experience in working with employees affected by this disease. Managers will explore both the psycho-social and political stressors of HIV/AIDS and identify strategies to apply in problem solving work related issues.

Goal:

- To reduce fears and anxieties about HIV/AIDS in the workplace
- To educate managers and supervisors about the fundamentals of HIV/AIDS which will allow them to develop a framework to base decisions on facts rather than misconceptions
- To explore both the legal and ethical aspects of HIV/AIDS and provide a forum for discussion

Objectives:

By the end of this training, manager and supervisors will be able to:

- Distinguish between HIV/AIDS and its relationship to the HIV spectrum
- Discuss the issue of confidentiality regarding an employee's HIV status
- Respond to employees concerns about working with colleagues affected by HIV
- Identify actions that could constitute discrimination on the basis of a disability and discuss its relevance to the Americans with Disability Act (ADA).
- Identify both State and Federal laws regarding HIV/AIDS

Time needed: 3 hours

A Note to the Participant

Listed are questions which briefly summarize the content of this workshop. Feel free to use these questions as topics for discussion. The answers will be presented in the training. Should you need clarification on any issue, ask the trainer at any phase of the workshop.

Questions

Basic Facts

Q. How does HIV/AIDS affect the workplace?

Q. Name three interpersonal barriers employers encounter when confronting the stigma of HIV/AIDS

Q. Identify strategies to overcome these barriers

Basic Medical Facts

Q. What is the difference between HIV & AIDS?

Q. What is the HIV spectrum?

Q How is HIV transmitted?

Q. Where can a person go for testing?

Q. Can HIV disease be treated?

Q What are the treatments?

Q Are there side effects to treatment?

Work Related Issues

Q Why treat HIV/AIDS differently than any other disability?

Q How should a manager or employer respond when an employee discloses his/her HIV status?

Q What precautions can a manager or employer take in preventing HIV/AIDS? discrimination?

Q How are persons with HIV/AIDS protected from employment discrimination?

Q What is the Americans With Disability Act (ADA)?

Q Define reasonable accommodations

Q Can an employee refuse to work with a person with HIV?

Q What is undue hardship?

Q Are there major differences between HIV related local statutes, State and Federal laws?

AIDS In the Workplace

Managers & Supervisors
District of Oregon

Goals

- Review basic facts about HIV/AIDS
- Familiarize to HIV/AIDS workplace issues
- Explore the rights of both the employer/ disabled employee (HIV/ AIDS)

Objectives

Participants should be able to:

- Distinguish between HIV/ AIDS
- Explain how HIV attacks the immune system and reproduces (simple terms)
- Explore the legal aspects of AIDS (as a disability) in the workplace

Ground Rules

- Opinions
- Participation
- Courteous
- Breaks

Interpersonal Barriers in the workplace/ Employees (stigma)

- Fear
- Isolation
- Denial
- Discrimination
- Negative Attitudes

Overcome Interpersonal Barriers

- Define rationale (barriers)
- Discrimination, Isolation, Fear & Denial
- Remedy is Education

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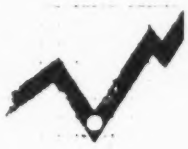
Creating Conductive Disability Environment/ Education

- Cultural Diversity Training
- Blood borne Pathogen Training
- First AIDS Training
- Workplace HIV/AIDS
- Confidentiality/ Disclosure

HIV & AIDS: Global Statistics

- Heterosexual Disease (estimated 33.4 million people) living
- 13.9 million/ died (10.7 adults, 3.2 million<13).
- Over 1/2 million (USA)

Global Trend Implications:



- Globally (security threat - ethnic cleansing, military)
- Tremendous cost (families, economy)
- Complacency (developed countries)

Historical Trends in AIDS Incidence

Closer look at changes in the Epidemic the past 10 years

AIDS Incidence/ Deaths

With advent of Anti-viral Treatment in mid 1990's (cocktail) AIDS cases dropped over 50%

Cumulative AIDS/ Death Cases 1998

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Demographics v. AIDS Cases

Reported AIDS cases/ 1998/ Approximately 679 739

White
Blacks
Hispanic
Am/ Ind
Asian
Unknown

274,766,000 pop.

- White =71%
- Blacks=12%
- Hispanic=13%
- Amer Ind=1%
- Asian= 4%

Black American pop/ Gender (reported cases 1998)

Men (17,250)
Women (6,750)

Men

- MSM 40%, IDU 38%, Heterosexual 13%, Dual 9%.

Women

- Heterosexual 53%, IDU 43%, Dual 3%.

Hispanic Population/ Gender/ 1998 (reported cases)

Men (6,680)
Women (2,210)

Men

- MSM 45%, IDU 38%, Heterosexual 10%, Dual 7%.

Women

- Heterosexual 60%, IDU 37%, Dual 3%.

HIV/AIDS in the workplace

Basic Facts

The Clinical Spectrum of HIV "ICEBERG"

Immune Complex Disease (AIDS)

Non specific signs & symptoms

HIV infection (no signs)

What is AIDS?

Acquired Immune Deficiency Syndrome

- A= note achieved / heredity
- I= under attack
- D= immune system becomes deficient
- S= constellation of signs/ symptoms

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What causes AIDS?

Human **I**mmune **D**eficiency **S**yndrome

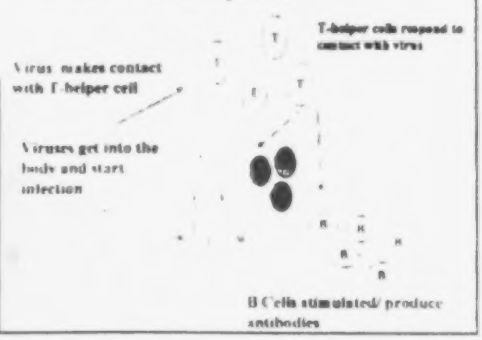
- **H**= Humans get it
- **I**= immune system is impaired
- **V**= a virus (retrovirus)

HIV-1 (10 subtypes - A to J) Highly variable and mutates rapidly HIV-2 - less easily transmitted. Window period longer

HIV subtypes

- Subtypes B (male/ male and IVDU contact)
- Subtypes E & C (heterosexual contact- mucosal route) Prevalent - Central Africa
- Subtypes E & C infect and replicate efficiently in vaginal/cervix and foreskin of penis

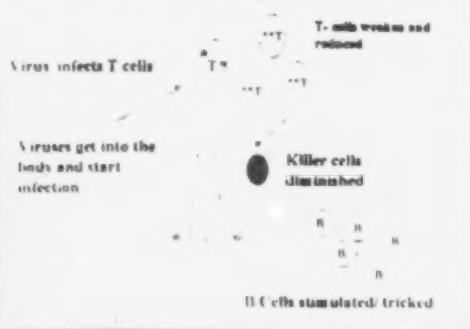
The Immune System


T-helper cells respond to contact with virus
Virus makes contact with T-helper cell
Viruses get into the body and start infection
B Cells stimulated/ produce antibodies

Immune System/ Army

- Helper T cells/ direct defense
- Macrophages/ identify germs
- B cells/ antibodies
- Killer T cells/ destroy germs

When you develop AIDS


T- cells weaken and reduced
Virus infects T cells
Viruses get into the body and start infection
Killer cells diminished
B Cells stimulated/ tricked

More facts on HIV replication

- Body (infected) produces over a billion virus particles
- Each virus contains a distinct mutation
- Hide in different location of tissues

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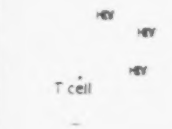
Why Can't Immune System destroy HIV?

Reverse Transcriptase enzyme / triggers process



- HIV changes shape of antigen/ tricks
- Or by the time it notices cell/ entered
- Hides inside cells for long time/ immune can't find

Protease Enzyme cuts long chain of enzymes which allows components to produce HIV

HIV Spectrum/ former course

- Primary Infection

80% no symptoms

- Asymptomatic Stage

1 to 10 years (bad term :)

- Symptomatic HIV

•T 4 count above 500 = ? ? X
•Between 200 to 500 = ARC
•Below 200 = AIDS

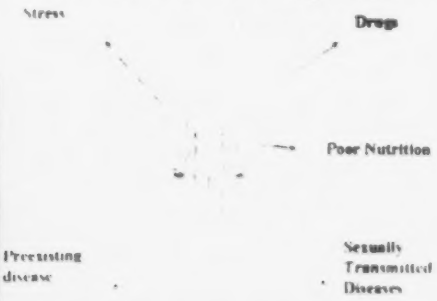
Exposure v. infection

- Exposure = opportunity for HIV to enter body
- Infection occurs when virus enters body, invade living cell, and multiply
- Possible to be exposed many times, never become infected.
- Also possible to become infected/ 1X

Determinant for infection

- Type of Body Fluid: blood, semen, vaginal/ cervical secretions
- Route of Entry: blood to blood, semen to blood, semen to vaginal secretions, perenatal
- Amount of fluid received: large volumes, repeated exposure

Co-factors/ HIV Progression



Sexually Transmitted Diseases

- Ulceration/ white blood cells
- Incubation periods/ immune system
- Repeated Symptoms vs. asymptomatic
- Increased probability of other STD infections

Herpes

Syphilis

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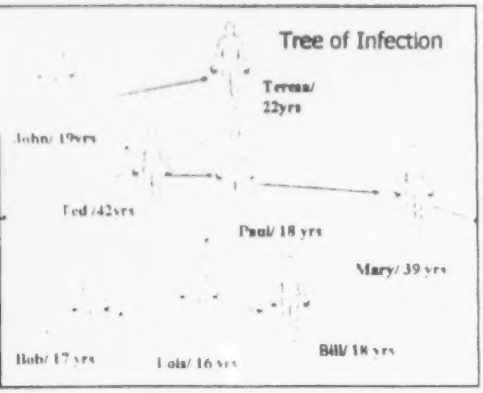
Tree of Infection



Drug Abuse

- Crack Cocaine
- Poppers/ Amyl Nitrate
- Heroin
- THC
- Alcohol

Drug Abuse & Treatment

- Alcohol + ddI= pancreatic
- Sedatives (Halcium, Valium) + Protease inhibitors = respiratory problems
- Barbiturates + Protease inhibitors = overdose
- THC + Protease inhibitors = increase THC
- Viagra + Protease inhibitors = possibly reduces compliance doses

HIV Tests

- Elisa (enzyme conjugates binds to HIV antibody)= CD4 count
- Western Blot (seperation of HIV antigens- specific antibodies)
- Viral loading tests (measures copies of virus per milliliter of blood/ antiviral) assays of RNA plasma

Antivirals & Viral loads

Increase in viral loads:

- Compliance issues

(Toxicity, Drug abuse, Depression)

- Drug Resistance
- Below 500 copies (reading)

How should Manager's respond/ Employee HIV disclosure

- Supportive response
- Find out why you are told
- Ask if others know
- No further disclosure is necessary
- If requested, get in writing

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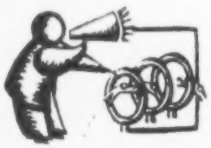
Ethical Issues: do you tell partners?

- Health Department (partner notification).
- Only certain entities have that right (depends on state law ex. Doctors, Court)
- Tarasoff landmark case (two notions - client issued threat, imminent danger).
- If in question, contact a lawyer.

Can A Manager Tell Others About Employee's HIV Status?

- Confidentiality of medical records
- Violates ADA. Prohibits disclosure
- Need Written Consent



What Happens When A Person Test HIV + (State Reporting)

- Private, public facility (Anonymous)
- Notify Health Department
- Partner Notification
- 32 states (HIV reporting)

Protection From Employment Disability

- Local Statutes
- State
- Federal
- Torts ect. ...

HIV/AIDS Oregon Law

- Bill Number: OR H2349: Sexual Assault/ Crime (HIV testing) Source person tested. District Attorney file petition- probable cause
- Bill Number: OR H3044: Providers/ (HIV testing v.s. bodily fluids) Source person tested

Oregon Revised Statutes

- 433.045 Informed consent for HIV Testing
- 433.085 HIV testing at request of Law Enforcement Officer
- 433.065 Occupational Exposure (HIV Testing)
- 433.075 HIV results reported confidentially to person exposed

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Oregon HIV Reporting

- Hybrid reporting system
- Names reported/ partner notification
- Process done, names changed to codes
- Plan proposed, Summer 2000

Federal Laws/ Discrimination

- Title VII of the Civil Rights Act 1964 (sex,race,ethnicity.)
- OSSHA (workplace from hazards/ safety)
- National Labor Act (protest working conditions)

Federal Law/ continued.....

- Federal Rehabilitation Act of 1973 (covered all federal agencies or related entities).
- American with Disability Act (ADA) " grand daddy"

ADA covered.....

Disability discrimination

- recruitment hiring, promotion, training, pay, firing, job reassignment & leave

- Definition/ to be protected:
- record of impairment
- physical or mental impairment
- satisfy job requirement/ perform essential functions

Employer & identifying public accommodation options

Steps

- Analyze job and determine purpose/ essential functions
- Consult with disabled individual/ note limitations
- Identify with disabled individual potential accommodations/ consider preference/ implement

Types Of Reasonable Accommodations

- Modification of Facility
- Equipment Devices
- Part-time work schedule
- Modified Work schedule

- Leave for Treatment
- Unpaid Leave
- Job Restructuring
- Transfer to vacant position
- Training & supervision

Employee filing a complaint

Burden of Proof/ Plaintiff

- Prove disability/ perceived
- Qualified to do essential functions
- Adverse actions was taken/ disability & relationship

ADA remedies continued....

- Seek reinstatement
- back pay
- monetary damages
- attorney fees

Pre-employment issues

- Inquires regarding applicant's ability to perform related functions permitted
- Medical exams allowed after an offer of employment
- Sometimes offers are conditional on results/ essential job functions

Precautions to prevent Discrimination

- Information (employees) Observe HIV discrimination
- Do not Isolate
- Treat every incident & document
- Never tolerate any form of ethnic jokes, disability, AIDS and ect.....

Definition changed/ include HIV

- Bragdon vs. Abbott

Court ruled HIV disability (HIV limits the major life activity of reproduction (HIV transmission/ Perinatal).

Questions & Answers

- If I am HIV+ but asymptomatic, do I have a disability under the ADA & FEHA?
- What may my employer (over 15 employees) ask be about my health/ HIV status after I start working? Job related consistant with business, Evidence of inability to perform essential functions, pose serious threat) May ask limited questions
- Does reasonable accommodation change the essential job functions?

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Questions continued.....

- When is an employer required to accommodate an employee?
  (known disabilities)
- What do I have to tell my employer in order to get an accommodation?
  (enough info. To show impairment. Does not mean HIV status. Letter from doctor. Put in writing. Keep records)